

Section of Otology

49

November 12, 1926; afternoon.—Patient comfortable, answered questions readily. Temperature, 98.6° F.; pulse, 70; left-sided facial weakness still present: left pupil smaller than right, both reacting to light; coarse horizontal changing nystagmus, more marked to left than right; knee- and ankle-jerks exaggerated; Kernig's sign negative; rigidity of neck unchanged; inco-ordination of left arm shown by nose-finger-nose test; diadokokinesis positive for left arm.

Later same afternoon patient suddenly complained of intense headache and required morphia to ease him.

November 13, 1926; morning.—Patient could not be roused. Reflexes as on previous day; pulse 56 to 60. Seen by Dr. Symonds, who diagnosed left-sided cerebellar abscess and advised immediate operation. Pulse gradually rose, and immediately before operation was 90 and irregular. At operation (R.J.C.) a large abscess was found in left cerebellar lobe with 1 oz. of serous foul-smelling pus, cerebro-spinal fluid hazy. Patient made a good recovery and was discharged on December 22, 1926.

Left-sided Temporo-sphenoidal Abscess with Aphasia.

By W. M. MOLLISON, M.Ch.

For account of case see E. H. Richards, in *Guy's Hospital Reports*, 1924, lxxiv, 109.

Superficial Abscess of the Brain.

By W. H. OGILVIE, M.Ch. (introduced by Mr. T. B. LAYTON).

See *Proceedings*, 1922, vol. xv (Sect. Otol.), 39.

After-history.—For the first two months after discharge from hospital there was some mental confusion, and she was very emotional. Since that time she has had no trouble. She has had no fits or fainting attacks. In spite of long absence she was in the top class at school. At the age of 14 she was hit over the skull defect by a cricket ball, and was unconscious for one hour. She now earns a living by making hats.

Present Condition.—General health good. There is an extensive cranial defect, but no tenseness or protrusion of cranial contents. Deafness in left ear.

Slight facial weakness on right side. Motor power and reflexes in limbs equal on both sides. Grip of right hand as good as that of left. No astereognosis on right side, movements a little more deliberate than those of the left hand. No sensory impairment.

Superficial Abscess of the Brain.

By C. GILL-CAREY, F.R.C.S.Ed.

GIRL, aged 9. Admitted to hospital April 8, 1926, with acute mastoiditis (left). Operation same day; pus in mastoid cells; dura mater of middle fossa injured but not perforated by a spicule of bone.

Convalescence uneventful until April 29, when, at 3 a.m., she became unconscious and foamed at the mouth; and coarse tremors developed on the whole of the right side of the body. Consciousness regained at 8 a.m. Movements of the right side were then localized to the leg.

Operation same day. Dura opened at the site of injury and pus found about $\frac{1}{4}$ in. from the surface.

50 Mollison : *Encephalitis*; Just : *Temporo-sphenoidal Abscess*

Temperature 103° F.: pulse 160. Cerebro-spinal fluid: polymorphonuclears 80 per cent.; protein 0·8 per cent.; sugar normal.

After this operation aphasia and right hemiparesis developed. Neurological examinations by Dr. C. P. Symonds:—

May 2, 1926.—“Aphasia; right hemiparesis; bilateral extensor plantar reflexes.”

May 11, 1926.—“Mentally alert; severe aphasia of temporal lobe type. Optic discs: right, doubtful; left, slight swelling. Right hemiparesis with apraxia; bilateral extensor plantar reflexes, not with stiffness. Suspicion of pus still in left temporal lobe.”

Sinus forceps were pushed into the temporal lobe and another pocket of pus was opened. Slow but steady improvement followed.

Localized Non-suppurative Encephalitis.

By W. M. MOLLISON, M.Ch.

BOY, aged 10. Admitted to hospital September 11, 1926. Pain in and behind right ear following acute otitis media of one week's duration. September 12: temperature 100° F.; pain persistent with much discharge from the ear. Operation on same day—pus found in the mastoid cells and a small collection compressing the lateral sinus which was, however, not thrombosed. The dura in middle fossa exposed, but not incised—wound drained. After operation temperature in the evening was between 99° F. and 105° F., pulse ranging from 90-120. He was noted to be odd, apathetic (not speaking unless spoken to) and taking no interest in his toys. On nineteenth day after operation doubtful extensor response obtained from left foot.

About this time began to complain of right frontal headache, chiefly on waking in morning; occasionally associated with nausea. First seen by Dr. C. P. Symonds on October 7, i.e., twenty-five days after operation. A definite extensor plantar response on left with diminished abdominal reflexes on same side was found. Right temporal abscess was diagnosed and an operation performed on same day—the dura being opened and brain explored, no abscess being discovered. Lumbar puncture at time of operation produced clear fluid apparently under increased pressure, containing no increase of cells or protein. Following this operation condition remained much the same. Temperature and pulse-rate still high, a good deal of complaint of headache but otherwise apathy was the most noticeable feature. Six days after second operation the physical signs were unchanged and it was suggested that it might be a case of non-suppurative encephalitis. It was decided, therefore, not to undertake any further operation for the time being, and to give full doses of hexamine. On October 16 (five weeks from the date of admission) patient began to improve, temperature and pulse fell and headache was less; he took a natural interest in his surroundings. On October 29 he seemed normal and an extensor response from left foot could no longer be obtained. Has since remained well. Possibly an abscess may be present but the provisional diagnosis of non-suppurative encephalitis will probably prove correct.

Right-sided Temporo-sphenoidal Abscess without Localizing Signs.

By T. H. JUST, F.R.C.S.

J. S., MALE, aged 6. Was admitted to hospital on November 3, 1924, with a history of discharge from the right ear for two months, slight headache for two weeks, and having lost flesh. On admission the boy looked ill, and was a little drowsy. The right ear was discharging freely, the drum perforated and granulations in the tympanum. There was slight tenderness over the right mastoid, no œdema